Candidate Information
Please return to the Placement Office Immediately

DATE: _____ E-Mail Address_____

I. NAME: _____ _____
(Last) (First) (M) (J #)
HOME ADDRESS: _____
(City) (State) (Zip Code)
HOME PHONE: _____CELL PHONE: _____

II. GRADUATION DATE: _____ Birth Year: _____HOME DISTRICT: _____
(Month, Year)

III. PLEASE CHECK THE PROGRAM(S) YOU ARE COMPLETING:

Lutheran Teacher Education	*Public School Teacher Education*	*Liberal Arts*
___Early Childhood	___Early Childhood	___Accounting
___Elementary	___Elementary	___Biology/Chemistry
___Middle School	___Middle School	___Business Administration
___Special Education	___Special Education	___Communications
___Secondary	___Secondary	___Computer Science
___Dual	___Dual	___Graphic Design
___K-12	___K-12	___Human Services
___ELL	___ELL	___Pre-Law
___DCE		___Pre-Medicine
___Bachelor of Music		___Psychology
___Pre-Seminary		___Sports Management
		___Other (Explain)

IV. PLEASE IDENTIFY:
Major(s): _____ _____

Concentration: _____ Minor: _____

V. PLEASE CHECK THE APPROPRIATE ITEM IF YOU ARE IN THE LUTHERAN TEACHER EDUCATION OR DCE PROGRAM:

____ Available for placement upon graduation.
____ Available for placement _____.
____ Defer.
1. Will be attending graduate school at: _____
2. Will be attending seminary at: _____
3. Other (state reason and location): _____

VI. COMPLETE IF YOU ARE IN ONE OF THE TEACHER EDUCATION PROGRAMS:
When will you complete student teaching?

____Already completed	____First Quarter
____ Second Quarter	____ Third Quarter
____ Fourth Quarter	____ Other (Explain)

Send to Placement